

UTAH VACCINE ADMINISTRATION RECORD

Patient Name:		Clinic Name/Address:
Date of Birth:	Record #:	

Vaccine (Circle)	VACCINE ADMINISTERED			***VFC				VACCINE INFORMATION STATEMENTS		Vaccine Admin-	Parent/	
	Date m/d/y	Patient Age	*Site	**C	Eligi- bility	Manufacturer	Lot Number	Expiration Date	Date Published	Date Provided	istrator Initials	Guardian Initials (Optional)
DTaP DT - 1												
DTaP DT - 2												
DTaP DT - 3												
DTaP DT - 4												
DTaP DT - 5												
Td – 1												
Hib – 1												
Hib – 2												
Hib – 3												
Hib – 4												
Hep B – 1												
Hep B – 2												
Hep B – 3												
IPV – 1												
IPV – 2												
IPV – 3												
IPV – 4												
MMR – 1												
MMR – 2												
Varicella - 1												
Hep A - 1												
Hep A - 2												
PCV7 - 1												
PCV7 – 2												
PCV7 – 3												
PCV7 – 4									1			
Other:												
Other:												
Other:												

Has had chickenpox disease

^{*} Site: RA - Right Arm LA - Left Arm RT - Right Thigh LT - Left Thigh

^{**}C: Combination Vaccine (document each vaccine separately)

^{***}VFC Eligibility: This patient is under 19 years of age and is eligible to receive VFC vaccine because: M=Child has Medicaid, C=Child has CHIP, N=Child is Not Insured U=Child is Underinsured, A=Child is American Indian or Alaskan Native, or P=Private insurance patient not eligible for VFC.

ADVERSE REACTION (AR)

Date	Immunization	Reaction

You must file a Vaccine Adverse Event by calling 1-877-721-0366 or go to www. vaers.org